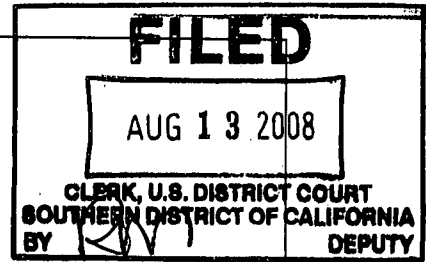


(Name) **SAMUEL LIAM ZOCH**  
 (Address) **GEORGE F. BAILEY DETENTION FACILITY**  
**446 AITA ROAD, SUITE 5300 / 3C 247 (TOP)**  
 (City, State, Zip) **SAN DIEGO, CALIFORNIA 92158**  
 (CDC Inmate No.) **# 8139011**



2254	1983	<input checked="" type="checkbox"/>
<b>FILING FEE PAID</b>		
Yes	No	<input checked="" type="checkbox"/>
<b>HFP MOTION FILED</b>		
Yes	No	<input checked="" type="checkbox"/>
<b>COPIES SENT TO</b>		
Court	ProSe	<input checked="" type="checkbox"/>

**United States District Court**  
**Southern District of California**

(Enter full name of plaintiff in this action.)

**SAMUEL LIAM ZOCH,** Plaintiff,

v.

**S.D. COUNTY SHERIFFS MED.,**  
**S.D. COUNTY JAIL**

(Enter full name of each defendant in this action.)

Defendant(s).

**'08 CV 1481 JLS CAB**  
 Civil Case No.                     

(To be supplied by Court Clerk)

**Complaint Under the**  
**Civil Rights Act**  
**42 U.S.C. § 1983**

**A. Jurisdiction**

Jurisdiction is invoked pursuant to 28 U.S.C. § 1343(a)(3) and 42 U.S.C. § 1983. If you wish to assert jurisdiction under different or additional authority, list them below.

**B. Parties**

1. Plaintiff: This complaint alleges that the civil rights of Plaintiff,

, who presently resides at

**SAN DIEGO, CALIFORNIA 92158**

**SAMUEL L ZOCH**

(print Plaintiff's name)

**446 AITA RD, SUITE 5300**  
 (mailing address or place of confinement)

, were violated by the actions

of the below named individuals. The actions were directed against Plaintiff at **S.D. COUNTY**  
**COUNTY JAIL MEDICAL DEPT.** on (dates) **5-20 thru 31-08**, and **?**

(institution/place where violation occurred)

(Count 1) **1**

(Count 2) **2**

(Count 3) **3**

2. Defendants: (Attach same information on additional pages if you are naming more than 4 defendants.)

Defendant S.D. COUNTY JAIL/S.D.C. MEDICAL DEPT resides in SAN DIEGO, COUNTY  
(name) (County of residence)  
 and is employed as a SHERIFF DEPT/SHERIFFS/PROCEDURE This defendant is sued in  
(defendant's position/title (if any))  
 his/her ☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting  
 under color of law: UNDER; SHERIFFS MEDICAL SYSTEM DIVISION..  
MORAL DUTYS OF POLICIES AND PRACTICES UNDER THE AUTHORITY OF  
WILLIAM B KOLENDER. (THE SHERIFF) COUNTY EMPLOYEE..  
(ADA)

Defendant S.D. COUNTY JAIL, S.D.C. MED DEPT resides in SAN DIEGO, COUNTY  
(name) (County of residence)  
 and is employed as a SHERIFF DEPT./PROCEDURES/SHERIFF This defendant is sued in  
(defendant's position/title (if any))  
 his/her ☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting  
 under color of law: UNDER; SHERIFFS MEDICAL SYSTEM DIVISION. (MEDICAL TREATMENT)  
MORAL DUTYS OF POLICIES, PRACTICES UNDER THE AUTHORITY OF  
WILLIAM B KOLENDER (THE SHERIFF). COUNTY EMPLOYEE...  
(ADA)

Defendant S.D. COUNTY JAIL/S.D.C. MEDICAL DEPT.. resides in SAN DIEGO, COUNTY,  
(name) (County of residence)  
 and is employed as a SHERIFF DEPT/SHERIFF/PROCEDURES. This defendant is sued in  
(defendant's position/title (if any))  
 his/her ☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting  
 under color of law: UNDER; SHERIFFS MEDICAL SYSTEM DIVISION.. MORAL DUTYS OF  
POLICIES & PRACTICES. UNDER THE AUTHORITY OF WILLIAM B KOLENDER (THE  
SHERIFF) COUNTY EMPLOYEE..  
(ADA) [DELIBERATE - INDIFFERENCE] (MEDICAL DEPT)

Defendant SHERIFFS DEPT/CHIEF MED resides in SAN DIEGO, COUNTY,  
(name) (County of residence)  
 and is employed as a SUPERVISOR (GBDD) This defendant is sued in  
(defendant's position/title (if any))  
 his/her ☐ individual ☐ official capacity. (Check one or both.) Explain how this defendant was acting  
 under color of law:

**C. Causes of Action** (You may attach additional pages alleging other causes of action and the facts supporting them if necessary.)

Count 1: The following civil right has been violated: 8th AMENDMENT.. 14th: ETC  
AMENDMENT. FREEDOM FROM CRUEL AND UNUSUAL PUNISHMENT (E.g., right to medical care, access to courts,  
PUNISHMENT.. VIOLATE 42 (1983) CIVIL RIGHTS  
 due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 1. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 1.] COUNT 1: [AMERICAN DISABLED ACT]

"DURING BOOKING AT CENTRAL JAIL I TOLD THE BOOKING DEPUTY THAT I SUFFER CEREBRAL PALSY.. [DR. KUSHNIR] MY PSYCHIATRIST IN (LA MESA CALIFORNIA) I REQUESTED CENTRAL TO CALL MY PSYCHIATRIST OF 8 YEARS SO I WOULD RECEIVE THE (RIGHT) PROCEDURES THAT ARE FOLLOW UP'S TO (MAINTAIN) MY TERRIFYING ANXIETY ATTACK WHILE INCARCERATED IN 2 MAN CELL.. I NEVER RECEIVED ANY MEDICATIONS OR MEDICAL SCREENING AT CENTRAL JAIL.. I'VE SUFFERED SOCIAL ANXIETY DISORDER... I'm "20" YEARS OLD, AND HAVE NEVER BEEN LOCKED UP IN ADULT ENVIRONMENT OF JAIL, AND IT MADE ME PANIC EXCELUATINGLY THE INTIRE TIME OF INCARCERATION.. REFUSING TO PROVIDE MEDICATION PERSCRIBED BY CIVILIAN, AND PRIVATE PSYCHIATRIST [CONSTITUTES DELIBERATE INDIFFERENCE].. (D.D.A) [A.D.A.]

Count 2: The following civil right has been violated: 8<sup>th</sup> AMENDMENT 14<sup>th</sup> ETC.  
(E.g., right to medical care, access to courts,

FREEDOM FROM CRUEL AND UNUSUAL PUNISHMENT

due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

42 (1983) Civil Rights

Supporting Facts: [Include all facts you consider important to Count 2. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 2.]

COUNT 2: TRANSPORTED TO 446 AITARD  
(GBDF) with limited psychological TREATMENT that i REQUESTED  
WAS DENIED FOR 11 DAYS AT COUNTY JAIL. AND DELIBERATELY  
NOT SEEN. SO I CALLED ON PANIC BOX IN MODULE, AND BEGGED  
[DEPUTYS TO PLEASE ESCORT ME TO FACILITIES CLINIC], but  
the medical staff [RUDELY] DENIED ANY TYPE TREATMENT, SO  
the deputy SENT ME BACK TO MODULE. UNNECESSARILY I SUFFERED  
THE UNIT SUPERVISOR OF module [OBSTRUCTED] my  
MEDICAL CARE by failing to comply with a URGENT  
DEMANDING MEDICAL NEED THAT CAUSED FATAL & CRUEL  
PANIC ATTACKS IVE SUFFERED SENSE I WAS BORN..  
[DELIBERATE INTERFERENCE by CORRECTION STAFF]  
"UNTRAINED PERSONAL" AND DEPUTYS OF COUNTY JAIL HAVE  
'NO' KNOWLEDGE TO MAKE MEDICAL DECISIONS THAT I  
UNBAREABLY SUFFERED.. SYSTEMIC DEFICIENCY IN STAFFING,  
AND MEDICAL.. FAR FETCHED ACTION, AND MISCONDUCTS,  
AND "INADEQUATE" PROCEDURES, by SHERIFF MEDICAL STAFF  
AND TRAINEE WITH 'NO' MEDICAL KNOWLEDGE OF MENTAL DISORDERS  
'EFFECTS AND HELP FULL SOLUTIONS.

Count 3: The following civil right has been violated:

8<sup>th</sup> AMENDMENT 14<sup>th</sup>  
(E.g., right to medical care, access to courts,

Rights to MEDICAL CARE..

# FREEDOM FROM CRUEL & UNUSUAL PUNISHMENT.. ETC

due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

42 (1983)

Supporting Facts: [Include all facts you consider important to Count 3. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 3.]

COUNT 3; SYSTEM DEFICIENCIES  
IN STAFFING, FACILITIES OR PROCEDURE MADE UNNECESSARY  
SUFFERING INEVITABLE. DELIBERATE INDIFFERENCE..

PROHIBITION AGAINST CRUEL & UNUSUAL PUNISHMENT  
DUE TO THE LACK OF CARE, AND LIFE'S NECESSITIES  
INCLUDE ADEQUATE MEDICAL, AND PERSONAL SAFETY, BECAUSE  
OF MY PANIC ATTACKS ARE IN HARM'S WAY & BECAUSE  
OF DENIAL OF MINIMAL CIVILIZED MEASURES OF LIFE,  
NECESSITIES THAT SHERIFFS UNTRAINED MEDICAL STAFF  
REFUSED ME & IT URGENT SERIOUS NEEDS WITH THE  
RIGHT TREATMENT OF BOTH STANDARD MEDICAL, AND  
PSYCHIATRIST TREATMENTS.. THAT ARE TREATMENT FROM  
MY CIVILIAN MENTAL DISORDER DR.. THAT WERE REFUSED  
BY CLINICS DR. ADAMS, DR JENKIN ... "UNBECOMING MISCONDUCT"  
(D.O.A)-(A.D.A) SUPPORTING FACTS..

## D. Previous Lawsuits and Administrative Relief

1. Have you filed other lawsuits in state or federal courts dealing with the same or similar facts involved in this case? ☒ Yes ☐ No.

If your answer is "Yes", describe each suit in the space below. [If more than one, attach additional pages providing the same information as below.]

(a) Parties to the previous lawsuit:

Plaintiffs: SAMUEL L Zoch

Defendants: S.D. SHERIFFS COUNTY JAIL MEDICAL (DEPT)

(b) Name of the court and docket number: UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA.. [3:08-CV-1130-J-AUB]

(c) Disposition: [For example, was the case dismissed, appealed, or still pending?] STILL PENDING  
FAILURE TO EXHAUST AND ONE YEAR STATUTE OF LIMITATIONS

(d) Issues raised: CRUEL AND UNUSUAL PUNISHMENT; SUFFER UNNECESSARILY  
"MEDICAL NEGLIGENCE", DENIAL OF URGENT DEMANDING CARE..

[ADA] VIOLATION OF HONORING MY LIFE LONG DISABILITIES..  
[SHERIFFS MEDICAL SYSTEM DIVISION / WILLIAM B KLENDER  
DELIBERATE INDIFFERENCE / CHIEF MEDICAL SUPERVISOR

(e) Approximate date case was filed: 7-02-08 CONDUCT

(f) Approximate date of disposition: 2008 AUG - 4 PM 2:17

2. Have you previously sought and exhausted all forms of informal or formal relief from the proper administrative officials regarding the acts alleged in Part C above? [E.g., CDC Inmate/Parolee Appeal Form 602, etc.] ? ☐ Yes ☒ No.

If your answer is "Yes", briefly describe how relief was sought and the results. If your answer is "No", briefly explain why administrative relief was not sought. !

① FAILURE TO EXHAUST AND ONE YEAR STATUTE OF  
LIMITATION ..

② FAILURE TO SATISFY FILING FEE REQUIREMENT  
" " STATE A [COGNIZABLE] CLAIM ON  
HABEAS CORPUS..

[CASE NUMBER 3:08-CV-1130] SAMUEL L Zoch  
#81390111

[I"  
CONTINUE IN FORMA PAUPERIS]

[PREJUDICE IN ELEATION COURT THAT ARE A COUNTY  
ADMINISTRATION THAT COMBINE WITH COUNTY SHERIFF OF  
SAN DIEGO COUNTY ... 6



**E. Request for Relief**

Plaintiff requests that this Court grant the following relief:

1. An injunction preventing defendant(s):
2. Damages in the sum of \$ 2.2 million.
3. Punitive damages in the sum of \$ million.
4. Other:

**F. Demand for Jury Trial**

Plaintiff demands a trial by ☐ Jury ☒ Court. (Choose one.)

**G. Consent to Magistrate Judge Jurisdiction**

In order to insure the just, speedy and inexpensive determination of Section 1983 Prisoner cases filed in this district, the Court has adopted a case assignment involving direct assignment of these cases to magistrate judges to conduct all proceedings including jury or bench trial and the entry of final judgment on consent of all the parties under 28 U.S.C. § 636(c), thus waiving the right to proceed before a district judge. The parties are free to withhold consent without adverse substantive consequences.

The Court encourages parties to utilize this efficient and expeditious program for case resolution due to the trial judge quality of the magistrate judges and to maximize access to the court system in a district where the criminal case loads severely limits the availability of the district judges for trial of civil cases. Consent to a magistrate judge will likely result in an earlier trial date. If you request that a district judge be designated to decide dispositive motions and try your case, a magistrate judge will nevertheless hear and decide all non-dispositive motions and will hear and issue a recommendation to the district judge as to all dispositive motions.

You may consent to have a magistrate judge conduct any and all further proceedings in this case, including trial, and the entry of final judgment by indicating your consent below.

Choose only one of the following:

☒ Plaintiff consents to magistrate judge jurisdiction as set forth above.

OR

☐ Plaintiff requests that a district judge be designated to decide dispositive matters and trial in this case.

I declare under the penalty of perjury that the foregoing is true and correct.

8-10-08  
Date

Samuel L. Zoch  
Signature of Plaintiff

(1)

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT  
DETENTION FACILITY SERVICES**

**IT IS IMPORTANT** for the person receiving this letter to read the opposite side. **ES IMPORTANTE** para la persona que recibe ésta carta lea el reverso de ésta página.

Inmate's Name: Nombre del Encarcelado:	Booking No.: Número:	Facility: Cárcel:	Housing Unit: Tanque:
Samuel Liam Zoch	#48139011	G.B.D.F.	3C-247 <sup>top</sup>

Courts:

THE REASON why i did not Exhaust my compliant in county courts is BECAUSE OF THE LARGE UNION OF COUNTY SOURCES THAT INCLUDE JUDICIAL PERFORMANCE THAT WOULD DENIE MY HABEAS CORPUS COMPLIANT WHILE i WAIT FOR A PLEA BARGAN OR TRIAL.. ALSO INCARCERATED IN SHERIFFS COUNTY JAIL THE LACK OF MEDICAL TREATMENT THAT HAS BEEN DELAYED BY COUNTY JAIL AUTHORITIES THAT REFUSED URGENT CARE ALSO ARE PREJUDICE BECAUSE OF MY DEMANDING DISORDERS THAT NEED URGENT CARE THAT IS ANOTHER PART OF COUNTY SUPPORTS IN JAIL. MY ISSUES ARE NEGLIGENCE BY SHERIFFS PROCEDURES THAT SHOULD OF STOPED MY PANIC ATTACKS WHILE IN COUNTY IN GENERAL POPULATION WITH NO MEANS TO CONTACT A PSYCHIATRIST THAT IS ALWAYS ON CALL(24-7).. MY MENTAL DISORDER ALSO PLAYS A SERIOUS ILLITERATE DISORDER i HAVE SUFFERED ABOUT 20 YEARS.. THE COUNTY OF S.D. THAT INCLUDE MANY AVENUES OF SOURCES FOR THE COMMUNITY INCLUDING MENTAL DISORDER

FREE AIDS TEST, NO NAMES TAKEN, NO APPOINTMENT NEEDED. Telephone 236-2264.  
1700 Pacific Highway, Monday through Friday 8:00 to 11:30 and 1:00 to 4:00.  
PRUEBA DEL SIDA GRATIS, NO NECESITA HACER CITA, NO SE TOMARAN SUS NOMBRES.  
1700 Pacific Highway. Lunes a Viernes. 8:00-11:30, y 1:00-4:00. Tel. 236-226

**OVER / VEA AL REVERSO**



**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT  
DETENTION SERVICES BUREAU**

**MAIL TO INMATES / CORRESPONDENCIA PARA ENCARCELADOS**

Address the envelope as follows / *Dirija toda correspondencia en la siguiente manera*

FROM: Sender's name, street address, city, state and zip code

TO: Inmate's full name, booking number, if known, and detention facility address

DEPARTE DE: *El nombre del remitente, domicilio, ciudad, estado y zona postal*

PARA: *El nombre del encarcelado, su número de cárcel, si lo sabe, y la dirección de la cárcel*

*LEGAL  
mail*

**SAN DIEGO CENTRAL JAIL**

P.O. Box 122952  
San Diego, CA 92112-2952  
Information Phone:  
(619) 615-2700

**EAST MESA DETENTION  
FACILITY**

446 Alta Rd., Suite 5200  
San Diego, CA 92158  
Information Phone:  
(619) 661-2608

**VISTA DETENTION FACILITY**

325 S. Melrose Drive, Suite 200  
Vista, CA 92083-6627  
Information Phone:  
(760) 940-4473

**DESCANSO DETENTION  
FACILITY**

7878 Cambell Ranch Rd.  
Alpine, CA 91901  
Information Phone:  
(619) 445-6960

**LAS COLINAS DETENTION  
FACILITY**

9000 Cottonwood Ave.  
Santee, CA 92071-3093  
Information Phone:  
(619) 258-3176

**GEORGE F. BAILEY  
DETENTION FACILITY**

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Information Phone:  
(619) 661-2620

**SOUTH BAY DETENTION  
FACILITY**

500 Third Ave.  
Chula Vista, CA 91910-5646  
Information Phone:  
(619) 691-4810

All inmate mail, except legal correspondence, is opened, searched and subject to recording by Detention Facility officials. *Toda la correspondencia recibida, excepto correspondencia legal, será abierta, examinada y será documentada por oficiales autorizados de la cárcel.*

**MONEY TO INMATES / DINERO PARA ENCARCELADOS**

When mailing funds to an inmate, use **BANK, U. S. POST OFFICE OR WESTERN UNION MONEY ORDERS** or **CERTIFIED CHECKS ONLY**. Personal checks cannot be cashed by an inmate. **DO NOT** send cash through the mail. Cash must be brought to the Jail Information Window. There is a ten (10) working day hold for the check to clear the bank. *Cuando quiera mandar dinero al encarcelado, mande **GIRO BANCARIO, GIRO POSTAL, GIRO WESTERN UNION ó CHEQUE BANCARIO CERTIFICADO** solamente. Cheques personales no se aceptan. **NO MANDE** dinero por el correo. Si desea puede traer el dinero directamente a la Ventanilla de Información de la cárcel. Hay un período de diez (10) días de espera para que los cheques se puedan cobrar y transferir a las cuentas del encarcelado.*

**VISITING / VISITAS**

Visiting days and times differ at each facility. My visiting day/time is:

*Los días y la hora de visita son diferentes en cada cárcel. Mis días de visita son:*

**GENERAL INFORMATION / INFORMACION GENERAL**

Medical, dental, religious and counseling services are provided by the jail. Inmates may not receive incoming phone calls, but are allowed to make outgoing collect calls on a varying schedule. *Servicios médicos, dentales, religiosos y consejeros son disponibles por medio de la cárcel. Los encarcelados no pueden recibir llamadas*

(2)

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT  
DETENTION FACILITY SERVICES**

IT IS IMPORTANT for the person receiving this letter to read the opposite side. *ES IMPORTANTE para la persona que reciba esta carta lea el reverso de esta página.*

Inmate's Name: Nombre del Encarcelado:	Booking No.: Número:	Facility: Cárcel:	Housing Unit: Tanque:
Samuel Zoch	#8139011	G.B.D.F.	3C 247 <sup>TOP</sup>

that HAVE BEEN A NECESSITIES OF LIVES .. THESE basic human NEED ALSO INCLUDE ADEQUATE MEDICAL AND PERSONAL SAFETY. I FILED A GRIEVANCE, BUT NO RESPONSE BY COUNTY JAIL, UNNECESSARY SUFFERING

I WILL REQUEST TO ASK THE DISTRICT COURT TO PROCEED IN FORMA PAUPERIS IN FEDERAL COURTS.

I'VE SHOWED FAVORITISM AND PREJUDICE MISCONDUCT BECAUSE OF MY HANDICAP DISABILITIES, AND HOUSING IN JAIL THAT IS NOT ABLE TO TREAT MY DISABILITIES.

THESE COUNTY SOURCES INCLUDE COURTS, JAIL AND COUNTY TREATMENT IN COUNTY JAIL THAT NEGLECT MY SEVERE DEMANDS. THAT'S WHY I CHOSE THE FEDERAL COURTS, MY CONSTITUTION RIGHT ARE VIOLATED, AND SHOULD BE ADDRESSED BY FEDERAL AUTHORITIES THAT ARE

KNOWLEDGEABLE OF MY CIVIL RIGHT VIOLATED AS A COUNTY INMATE THAT IS UNDER THE SCOPE OF 42 (1983) [DDA] [ADA]

WRITTEN LAW. COUNTY COURTS MEEGE WITH SHERIFF POLICIES & PRACTICES ..

that show acts of PREJUDICE. THANK YOU

MOTIVES IN COUNTY COURTS... Samuel Zoch

FREE AIDS TEST, NO NAMES TAKEN, NO APPOINTMENT NEEDED. Telephone 236-2264.  
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*LEGAL  
MAIL*

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JS44

(Rev. 07/89)

## CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.)

## I (a) PLAINTIFFS

Samuel Liam Zoch

SD County Sheriff's Med, et al

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF San Diego  
(EXCEPT IN U.S. PLAINTIFF CASES)

2254 1983

FILING FEE PAID

Yes No

HFP MOTION FILED

Yes No

COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF CASES ONLY

COPIES SENT TO

Court

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND

**FILED**

AUG 13 2008

CLERK, U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA  
BY *[Signature]* DEPUTY

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

Samuel Liam Zoch  
446 Alta Road, Suite 5300  
San Diego, CA 92158  
8139011

ATTORNEYS (IF KNOWN)

'08 CV 1481 JLS CAB

## II. BASIS OF JURISDICTION (PLACE AN X IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff ☒ 3 Federal Question  
(U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

- |                            |                            |   |                            |                            |
|----------------------------|----------------------------|---|----------------------------|----------------------------|
| PT                         | DEF                        |   | PT                         | DEF                        |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
- Citizen of This State
- Citizen of Another State
- Citizen or Subject of a Foreign Country

## IV. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY).

42 U.S.C. 1983

## V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> Marine <input type="checkbox"/> Miller Act <input type="checkbox"/> Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veterans Benefits <input type="checkbox"/> 160 Stockholders Suits <input type="checkbox"/> Other Contract <input type="checkbox"/> 195 Contract Product Liability	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	<b>PERSONAL INJURY</b> <input type="checkbox"/> 362 Personal Injury-Medical Malpractice <input type="checkbox"/> 363 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 RR & Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. <input type="checkbox"/> Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (13958) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(p)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reappointment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc. <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State <input type="checkbox"/> 890 Other Statutory Actions
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Tort to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input checked="" type="checkbox"/> 550 Civil Rights			

## VI. ORIGIN (PLACE AN X IN ONE BOX ONLY)

- ☒ 1 Original Proceeding ☐ 2 Removal from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER f.r.c.p. 23

DEMAND \$

Check YES only if demanded in complaint:

JURY DEMAND: ☐ YES ☐ NO

## VIII. RELATED CASE(S) IF ANY (See Instructions):

JUDGE

Docket Number

DATE 8/13/2008

SIGNATURE OF ATTORNEY OF RECORD

R. Muley